

### Report Information

Award Type	Award Number	Prime DUNS	Calendar Yr/Qtr	Final Report
Grant	WIEBT-ARRA-09-DE-02	103989187	2012 / 4	No

### Award Recipient Information

<b>Recipient DUNS Number</b>	103989187	<b>Recipient Address 1</b>	417 FEDERAL ST STE 1
<b>Recipient Account Number</b>	S9-05-14-04	<b>Recipient Address 2</b>	
<b>Recipient Congressional District</b>	00	<b>Recipient City</b>	DOVER
<b>Parent DUNS Number</b>	042258020	<b>Recipient State</b>	DE
<b>Recipient Type</b>	2F.VN	<b>Recipient ZIP Code + 4</b>	199013635
<b>Recipient Legal Name</b>	EXECUTIVE OFFICE OF THE GOVERNOR OF DELAWARE	<b>Recipient Country</b>	USA
<b>Recipient DBA Name</b>	DIVISION OF PUBLIC HEALTH		

### Project / Award Information

<b>Funding Agency Code</b>	12F2	<b>Total Number of Sub Awards less than \$25,000/award</b>	0
<b>Awarding Agency Code</b>	12F2	<b>Total Amount Sub Awards less than \$25,000/award</b>	0.00
<b>Program Source (TAS) Code</b>	12-3504	<b>Total Number of Sub Awards to Individuals</b>	0
<b>Sub Account Number for Program Source</b>		<b>Total Amount of Sub Awards to Individuals</b>	0.00
<b>CFDA Number</b>	10.578	<b>Total Number of Payments to Vendors less than \$25,000/award</b>	0
<b>Amount of Award</b>	250000.00	<b>Total Amount of Payments to Vendors less than \$25,000/award</b>	0.00
<b>Award Date</b>	09/16/2009		
<b>Award Description</b>	The award is to determine the feasibility, cost benefit analysis and planning for the implementation of the electronic benefit transfer (EBT). The planning award will help Delaware WIC program determine the business requirements for EBT, the retailer capabilities and analyze the State's network and abilities		

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## Project Information

Project Name or Project/ Program Title	Activity Codes (NAICS or NTEE-NPC) (up to 10)
WIC EBT Planning	
<b>Quarterly Activities/ Project Description</b>	<b>Activity Code 1</b> 541512
The EBT IAPD Project remains on schedule.	<b>Activity Code 2</b>
	<b>Activity Code 3</b>
The vendor has completed all Phases of the EBT IAPD. The draft EBT IAPD was submitted by the vendor for Project Steering Committee review. The approved draft will then be submitted to FNS for approval. The EBT IAPD has been completed by the vendor. The first draft was submitted to FNS on October 24, 2012. FNS provided comments on December 10, 2012. The vendor responded to the comments on December 21, 2012.	<b>Activity Code 4</b>
	<b>Activity Code 5</b>
	<b>Activity Code 6</b>
	<b>Activity Code 7</b>
	<b>Activity Code 8</b>
	<b>Activity Code 9</b>
	<b>Activity Code 10</b>
<b>Project Status</b> Completed 50% or more	
<b>Total Federal Amount ARRA Funds Received/ Invoiced</b> 166183.77	
<b>Number of Jobs</b> 0.00	
<b>Description of Jobs Created</b> NA	
<b>Total Federal Amount of ARRA Expenditure</b> 166183.77	
<b>Total Federal ARRA Infrastructure Expenditure</b> 0.00	
<b>Infrastructure Purpose and Rationale</b>	

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### Infrastructure Contact

<b>Name</b>	Joanne White	<b>Street Address 1</b>	Division of Public Health
<b>Email</b>	joanne.white@state.de.us	<b>Street Address 2</b>	655 Bay Road
<b>Phone</b>	(302) 741-2900	<b>Street Address 3</b>	Suite 1c
<b>Ext</b>		<b>City</b>	Dover
		<b>State</b>	DE
		<b>ZIP Code + 4</b>	19901 - 4615

### Primary Place of Performance

**Address 1** 655 Bay Road  
**Address 2** Suite 1c  
**City** Dover  
**Country Code** US  
**State** DE  
**ZIP Code + 4** 19901 - 4615  
**Congressional District** 00

### Recipient Highly Compensated Officers

<b>Prime Recipient Indication</b> No	<b>Officer 3 Name</b>
<b>of Reporting Applicability</b>	<b>Officer 3 Compensation</b>
<b>Officer 1 Name</b>	<b>Officer 4 Name</b>
<b>Officer 1 Compensation</b>	<b>Officer 4 Compensation</b>
<b>Officer 2 Name</b>	<b>Officer 5 Name</b>
<b>Officer 2 Compensation</b>	<b>Officer 5 Compensation</b>

### Report Audit Trail

**Created By** JOHN HARVEY POC  
**Date Created** 01/11/2013 08:20 AM  
**Last Updated By** JOHN HARVEY POC  
**Last Updated On** 01/11/2013 08:20 AM

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### Vendor Information

<b>Sub Award Number</b>	<b>Payment Amount</b>	\$ 103,750.00
<b>Vendor DUNS Number</b> 005951846	<b>Product and Service</b>	The vendor will conduct a feasibility study and analysis to determine the business requirements and cost for implementing WIC EBT in Delaware.
<b>Vendor Name</b> Chaddsford Planning Associates	<b>Description</b>	
<b>Vendor HQ ZIP Code + 4</b> 19380 - 0109		

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### Vendor Information

<b>Sub Award Number</b>	<b>Payment Amount</b>	\$ 78,618.00
<b>Vendor DUNS Number</b>	<b>Product and Service Description</b>	Prepare and submit IAPD
<b>Vendor Name</b>	Computer Aid Inc.	
<b>Vendor HQ ZIP Code + 4</b>	19178 - 5526	

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